

1. JURISDICTION <input type="checkbox"/> 1 MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		3. DIST. CT. DOCKET NO.		VOUCHER NO. <b>0963736</b>		
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) <b>SD/FL</b>		6. LOC. CODE <b>FLSFL</b>		7. CHARGE/OFFENSE (U.S. or other code citation) <b>00-6361-CR-Dimitrouleas</b>		
8. IN THE CASE OF <b>USA</b> VS <b>ALONSO</b>		9. PERSON REPRESENTED (FULL NAME) <b>AQUILINO ALONSO</b>				9A. NO. REPRERS. <b>01</b>		
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT—ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT—JUVENILE 4 <input type="checkbox"/> APPELLEE				11. PROCEEDINGS (Describe briefly) <b>all proceedings</b>				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FILED BY INTAKE</b>  <b>MAR 2 2001</b>  <b>D.C.</b> </div>
12. PAYMENT CATEGORY A <input checked="" type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL				14. FULL NAME OF ATTORNEY/PAYEE (Last Name, Including Suffix) AND MAILING ADDRESS • FT. LAUD. <b>HOWARD SCHUMACHER, ESQ.</b> <b>1 EAST BROWARD BLVD., STE. 700</b> <b>FT. LAUDERDALE, FL 33301</b>				
13. COURT ORDER O <input type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Name of prior panel attorney _____ Appt. Date _____ Voucher No. _____				15. WORK PHONE (954) <b>356-0477</b>				16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case.  Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) <div style="display: flex; justify-content: space-between;"> <span>3-2-01</span> <span>3-1-01</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Date of Order</span> <span>Nunc Pro Tunc Date</span> </div>				16B. SOCIAL SECURITY NO. (Only provide per instructions)		16C. EMPLOYER I.D. NO. (Only provide per instructions)		
				16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)				
<b>CLAIM FOR SERVICES OR EXPENSES</b>								
SERVICE		HOURS		DATES		Multiply rate per hour times total hours to obtain "in Court" compensation.  Enter total below.  <b>17A. TOTAL IN COURT COMP.</b>		
IN COURT								
a. Arraignment and/or Plea						Multiply rate per hour times total hours. Enter total "out of court" compensation below.  <b>18A. TOTAL OUT OF COURT COMP.</b>		
b. Bail and Detention Hearings								
c. Motions Hearings						\$  \$		
d. Trial								
e. Sentence Hearings						\$  \$		
f. Revocation Hearings								
g. Appeals Court						\$  \$		
h. Other (Specify on additional sheets)								
(Rate per hour = <b>70</b> ) TOTAL HOURS =								
OUT OF COURT								
a. Interviews and conferences						\$  \$		
b. Obtaining and reviewing records								
c. Legal research and brief writing						\$  \$		
d. Travel time (Specify on additional sheets)								
e. Investigative and other work (Specify on additional sheets)						\$  \$		
(Rate per hour = <b>50</b> ) TOTAL HOURS =								
EXPENSES								
19. TRAVEL, LODGING, MEALS ETC.		AMOUNT		OTHER EXPENSES		AMOUNT		
						19A. TOTAL TRAVEL EXP.		
						19B. TOTAL OTHER EXP.		
						20. GRAND TOTAL CLAIMED		
21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD _____ TO _____								
F <input type="checkbox"/> Final Payment I <input type="checkbox"/> Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements								
				SIGNATURE OF ATTORNEY/PAYEE		DATE		
APPROVED FOR PAYMENT	22. IN COURT COMP.		23. OUT OF COURT COMP.		24. TRAVEL EXPENSE		25. OTHER EXPENSES	
	\$		\$		\$		\$	
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER				DATE		26. TOTAL AMT. APPROVED/CERT.	
						27A. JUDGE/MAG. CODE		
28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)				DATE		29. TOTAL AMT. APPROVED		
						\$		